EMS ORIENTATION IN THE SPRINGFIELD FIRE DEPARTMENT

ADVANCED LEADERSHIP ISSUES IN EMS

BY: Richard B. Gasaway, M.B.A.
Springfield Fire Department
Akron, Ohio

An applied research project submitted to the
National Fire Academy as part of the
Executive Fire Officer Program

October 1998

ABSTRACT

The purpose of this research was to evaluate the changes that were made to our EMS orientation program and the impact those changes have had on the Springfield Fire Department. One of the problems that was facing the Springfield Fire Department, and the focus of this research, was that our department conducted new employee orientation on a very informal basis which led to frustration for the new employees and created problems for supervisors. The foundation of this problem was the lack of a formalized orientation program for new employees.

This research employed historical and descriptive research methodologies to pursue the following research questions:

1. What elements are key to the success of a new employee orientation program?

2. How can the existing orientation program for new employees be expanded and improved with the Springfield Fire Department?

3. Should the Springfield Fire Department implement a spouse/family orientation program?

A literature review was conducted on topics relating to EMS orientation, preceptors, and spouse/family orientation programs. An interview was conducted with Donald Lee, EMS Training Captain for the City of Los Angeles Fire Department. The current orientation program was reviewed and some changes were recommended for expanding the program.

The results confirmed the literature findings that Springfield's employee orientation program lacked some of the essential elements of a successful comprehensive orientation program. Further, there was an opportunity for the program to be expanded.

The research yielded three significant

recommendations for the Springfield Fire Department. First, our EMS orientation program needs to be expanded to include other divisions of the department, including administrative aspects; secondly, we need to assign an officer to conduct departmental training and to oversee the design and implementation of the expanded orientation program; and finally, we need to formalize our spousal and family orientation program and make this program a requirement for all newly hired employees.

TABLE OF CONTENTS

INTRODUCTION

New employee orientation takes on many forms in the private and public sectors. In the fire service, the degree to which a new employee receives an introduction into the organization varies widely. The orientation may take on a formal appearance, including lectures on key topics and orientation checklists, or it may be done more informally, such as discussions between new employees and supervisors. Having a comprehensive orientation program will make your organization stronger and reduce the risk of poor performance, the need for discipline, and the possibility of legal action (Marinucci, 1996).

One of the problems that was facing the Springfield Fire Department, and the focus of this research, was that our department conducted its EMS orientation on a very informal basis which led to

new employee frustration, as well as creating problems for supervisors because the rules, regulations, standard practices, and the culture of our organization were not communicated, or were communicated inconsistently from supervisor to supervisor. A series of factors contributed to problems with our organization providing consistent, quality EMS care. At the foundation of these problems was the lack of a formal EMS orientation program for our new employees. This began to change in 1996 with the development of an EMS orientation program. Since it's inception, this program has undergone many changes and revisions to improve its effectiveness.

The purpose of this research was to identify the key elements of successful orientation programs in the fire service, as well as identify some of the common oversights made in the development and administration of our orientation program. This

research helped our department identify some deficiencies in our program and resulted in recommendations for changes that would improve the EMS orientation program. This research employed historical and descriptive research methodologies. A literature review was conducted on topics related to new employee EMS orientation, the use of preceptors to assist new employees with their introduction into the organization, and orientation programs for spouses and family members.

An interview was conducted with Captain Donald Lee, EMS Training Officer for the City of Los Angeles Fire Department. Captain Lee has been extensively involved in the development and administration of the EMS orientation program used by the City of Los Angeles Fire Department. Captain Lee is also an EMS Commissioner for Los Angeles County which adds to his broad perspective of EMS based issues in the fire service.

The orientation program conducted by the Springfield Fire Department was very informal and disorganized. This was especially true with regard to conveying information on our EMS operations, which is our most frequently used service. Research into this problem revealed opportunities for our program to be formalized and expanded. This research focused on addressing the opportunities to improve the orientation program by pursuing these three questions:

1. What elements are key to the success of a new employee orientation program?

2. How can the existing orientation program for new employees be expanded and improved within the Springfield Fire Department?

3. Should the Springfield Fire Department implement a spouse/family orientation program.

BACKGROUND AND SIGNIFICANCE

Springfield Fire Department is a combination department serving 16,000 residents in southeast Summit County, Ohio. Calls for service are approximately 2,000 per year with 85% of those calls being for emergency medical services (EMS). For years, the department employed only a nominal number of full-time staff (five), and were heavily dependent upon part-time personnel for the bulk of service delivery. Staffing levels remained steady from the early 1980's through 1992. Administrative changes, including the appointment of a new fire chief and new assistant fire chief, led to many changes within the department and significant turnover of staff. Since 1992, the department has hired approximately 40 new part-time employees and eleven new full-time employees to accommodate the turnover and the increase in call volume.

The department has hired 11 new full-time staff members since 1992. These employees were hired from the part-time ranks and were already functioning at full capacity within the department. They did not require additional EMS orientation to assume their duties as full-time fire-medics. The problems identified that led to the need for changes in the orientation program stemmed from the hiring of part-time personnel.

The mix of part-time employees hired during that period varied widely, with new recruits being hired with experience from full-time fire departments, volunteer fire departments, and private EMS companies. Some of the part-time candidates possessed no experience in the fire or EMS fields. Each of these employees came to Springfield Fire with a various understandings of how our department operated. They also had different expectations of how our department would serve their needs.

Many basic EMS functions are consistent from one pre-hospital care provider to the next. However, as some internal problems began to develop, we realized that our equipment, policies, and culture were different from some of the other EMS providers in our area. At that time, our new employee orientation was being conducted very informally, with line officers conducting overviews of department policies, procedures, and equipment. It was discovered that many of the newly hired part-time employees who came to our department from other fire departments were treated differently by our officers with regard to orientation. An assumption was made, albeit incorrectly, by some of our officers that if someone came to work for us and that person had experience with another department, they would automatically know our policies, procedures, and equipment. This lackadaisical attitude toward providing a formal EMS orientation for all new employees, regardless of their previous

experience, led to problems in our department and with the quality of our EMS care.

Beginning in 1996, and continuing currently, the Springfield Fire Department has worked to improve its new employee recruitment, retention, orientation, and training programs. This has resulted in an improvement in the caliber of new employees being hired, and an improvement in the quality of their work upon completion of the orientation program. During the on-going process of leading change in our organization, the author of this research became acutely aware that our EMS orientation program (for new employees) had opportunities for improvement and for the program to be expanded.

EMS orientation and related EMS leadership topics were introduced in the Advanced Leadership Issues In EMS curriculum, as part of the Executive

Fire Officer Program at the National Fire Academy. This research project addressed issues relating primarily to new employee EMS orientation with a ancillary review of preceptorship and spousal/family orientation.

LITERATURE REVIEW

The literature review for this research project involved the examination of literature pertaining to three related areas. The first area examined related to the elements of successful new employee orientation programs. This literature was reviewed to gain an understanding of the appropriateness and completeness of the design of our current EMS orientation program and to gain some insight for expanding the program.

Second, the literature relating to EMS preceptorship was evaluated. This literature was

utilized to determine the effectiveness of our current system of choosing and training preceptors and its causal effect on the successes or failures in our orientation program.

The third area researched was on the design and implementation of spousal and family orientation programs. The only orientation that we currently offer to family members is an informal orientation for the families of new full-time employees. However, through this research, it was discovered that this program has some opportunities for improvement and to be formalized.

NEW EMPLOYEE EMS ORIENTATION

Most U.S. employers now invest considerable time and money in the “join-up” process. According to Training Magazine, 85% of companies with more than 100 employees offer formal orientation programs

(Austin, 1995). The reasons for this trend by private, and now public employers, is that managers are beginning to see the staggering cost that is associated with improper orientation and the potential litigation that can occur as a result of employee turnover. A study conducted by the pharmaceutical giant Merck in 1990 showed that the disruption in work flow when a staff member leaves and the cost of getting employees on and off the payroll boosted the price of turnover to 150% of an employee's annual salary (Austin, 1995).

Turnover and the recruitment of replacement employees can be very expensive and time demanding. This is compounded by the potential exposure if an employee claims that they were improperly discharged as a result of improper orientation.

There are changes in the basic nature of the employer/employee relationship. The workforce

> has become increasingly litigious as a greater number of employees have challenged company policies and procedures in the courts. It is thus more important than ever for employers to fully communicate to their employees the conditions of their employment and how they are expected to perform (Jerris, 1993).

The Employee Resource Group has announced that the average cost to settle a wrongful termination dispute is slightly more that $733,000 (Shouldis, 1994).

Another important observation made by Shoultis was that in addition to reducing the potential for litigation, new employee orientation programs are leading the fire service to a higher level of professionalism, providing role models in all segments of the community.

An effective way to minimize the potential for

litigation by firefighter applicants is to ensure that there are no surprises for them in the screening process. We can minimize such surprises by using an applicant orientation session, during which you make it clear to applicants what they should expect in the hiring process and what you expect from them (Dezelan, 1997). Orientation courses include a review of the department's policies, procedures, medical protocols and written standing orders, and it's facilities, vehicles, equipment and supplies (Swan, 1993).

> Consider using a checklist indicating the information given, and have all recruits sign, indicating that they were given the information. If a problem develops, you do not want them to claim that they were not given adequate explanations. You can eliminate the excuse "nobody told me that" (Marinucci, 1996).

Another good training requirement that some companies use is to give new members a written guide, explaining all the requirements that they would be expected to meet within appropriate time frames. This gives the new firefighter a checklist to use as a benchmark and planning tool so that time and task commitments can be met accordingly (Dyer, 1995).

With the problems of potential litigation identified, there are many other sound reasons to conduct new employee orientation programs. Identified by Linda Jerris (1993) in a text she prepared for the American Management Association, she identified the following reasons:

> To communicate the values and priorities of the organization; To model good customer service behavior; To control hiring and turnover costs; To foster positive attitudes; To bring employees

up to speed faster; To prevent misunderstandings; And to protect the long-term health of the organization.

Jerris cautions that the planning and development of an orientation program, if done properly, can take a considerable amount of time and research. She offers the following checklist as things to consider when developing an orientation program:

Align the program with the company's mission statement, setting significant measurable goals and objectives that reflect the unique needs of your company; Emphasize a solid orientation as essential to improving and maintaining productivity and profits; Involving senior management; Making line managers and supervisors key in the orientation process; Fostering two-way communications between new employees and top

management; And conducting ongoing follow-up and review.

ORIENTATION PRECEPTORS

The research conducted on this topic enlightened the author to just how important the selection and training of preceptors is to the success of EMS orientation programs. The first requirement of a successful internship program is a qualified preceptor (Giannini, 1991).

> New employees need preceptors, mentors if you will. The preceptor needs to be someone that the new employee can relate to, preferably someone who is close to them in age and similar background, someone the new employee can feel comfortable talking to when he has a problem (D.Lee, personal interview, May 10, 1998).

A nagging issue in EMS education is the lack of consistent and high-quality field instructors and preceptors. In many organizations there is a marked inconsistency in what preceptors cover during internships (Sanderson, 1996). To ensure that students receive the best training possible, some states, such as California, require that paramedic preceptors have at least two years of field experience (Giannini, 1991).

Some organizations have a difficult time finding and maintaining a pool of qualified EMS preceptors. Sometimes this is because the paramedic preceptor was not properly prepared for the additional assignment, but sometimes the tradition of the fire service stands in the way. Some staunch fire service members find themselves frustrated by and impatient with the “outsider” who has no background in the nostalgic “fire service family” with it’s rules, regulations, practices, and procedures

(Shouldis, 1994).

One of the keys to the success a training officer enjoys with developing new employees is to ensure that there is good communication between the new employee and their preceptor. The new employee must know where they stand and how they are doing. Specific and measurable criteria on the trainee's behavior and job performance are vital to a training officer's effectiveness (Shoultis, 1994).

Even though the preceptors may be front-line staff personnel, the officers, especially the first-level officers, must be involved in the preceptor process. Line managers and supervisors, because they actually work with the new employees, have the most to gain from the orientation program and must be responsible for making sure that new employees know their jobs and the standards expected (Jerris, 1993).

FAMILY ORIENTATION PROGRAMS

New employees who enter the fire service are often unaware of the many aspects of the job. Much of what they know of the job comes from what they see on television or movies, which is a serious misrepresentation of the actual job. This is not only true for the new employees, but it is also true for their family and friends. At the City of Los Angeles Fire Department, family orientation has become part of the new employee orientation. As Captain Don Lee explained (1998), on day one of training, the families have to know what is to be expected. Family orientation is a big deal because the family will be the one the employee depends on throughout his career. Within the Springfield Fire Department, we have observed that the families of our employees often lack an understanding of the fire fighter’s job and this has led to some family problems.

> After being put on hold for 24 hours, the family quite naturally expects the fire fighter's full attention. But the fire fighter may arrive at home tired, under stress, and still suffering from the events of a significant emotional event, such as the death of a child (Wilson, 1988).

Wilson (1988) further explains that unhappy family situations compound the stress that a fire fighter already faces. The result could be decreased job satisfaction, increased illnesses and absences, and lower productivity.

While there are some fire service organizations conducting spousal and family orientation programs, such as the City of Los Angeles Fire Department, the research indicates that required spousal and family orientation remains relatively new to the fire service.

PROCEDURES

The research procedures used to complete this project consisted of literature reviews conducted at the Learning Resource Center at the National Emergency Training Center in April 1998. Additional literature reviews were conducted in May 1998 at the University of Akron library located in Akron, Ohio, and through literature provided in June 1998 through the Metropolitan State University library in St. Paul, Minnesota. An interview was conducted on May 10, 1998 with Donald Lee, Training Division Captain from the City of Los Angeles Fire Department and EMS Commissioner for Los Angeles County, California.

An evaluation was conducted of the orientation program at the Springfield Fire Department. This evaluation led to changes in our program as well as creating some recommendations for incorporating additions to the program.

The need for proper design and implementation of our EMS orientation also had a bearing on our creation of an EMS division and the appointment of a director of EMS Operations. The creation of the EMS division allowed our department to focus efforts on the development of EMS policies and procedures. One of the first major projects assigned to the EMS director was to revamp the entire EMS orientation program.

Limitations

This research provided focus on the changes and development of our EMS orientation, with minor reference to the general administrative orientation. This research did not evaluate the design or effectiveness of a fire division orientation for our department. Our fire orientation is in the incipient stages of development. The lessons learned from this research and the design of our EMS

orientation program are being used as the model for expanding our program to serve other aspects of our operations.

The EMS orientation program remains a relatively new program in our organization. While the results have been positive thus far in achieving our objectives, additional time is needed to evaluate its long range effectiveness.

RESULTS

The introduction to this research project identified three specific research questions. The results of the research are presented as they addressed those specific research questions:

1. What elements are key to the success of a new employee orientation program?

From author to author, there was a wide variety

of recommendations and suggestions for what elements comprise a successful orientation program. There are, however, a few elements that seem to run consistent among the authors. First was the undisputed fact that in our litigious society it is very important for employers to inform employees about what the job requirements are, the performance expectations, and the dangers of the job. The use of a checklist as a means to document that an employee has received a complete and thorough introduction into the organization is important. This was one of the lessons that the Springfield Fire Department learned early and incorporated in the development of its orientation program. Early versions of our program had a checklist that was used to ensure the general topics were covered, but new employees were not required to sign-off on the checklist. This created problems as the performance of some new employees became an issue and there was no documentation to prove that they had received a

complete orientation. Our orientation program is now completed in four phases, with each phase containing checklists for the employee and the preceptor to sign. This creates accountability on behalf of the new employee and the preceptor.

The lack of proper documentation of the orientation steps being completed was one of the most significant deficiencies identified in our orientation program. Identifying this problem led to the development of a new employee orientation program that includes checklists for every step in the process. The forms developed for the Springfield Fire EMS orientation are included as Appendix A.

We learned that development of a comprehensive EMS orientation program is time consuming and requires considerable research on the part of the development team. The orientation program at

Springfield Fire Department has been in progressive stages of development for more than three years. Early versions of the orientation program reflected our lack of planning and research on how the program should be conducted. The focus of our current program is our EMS orientation. Fire orientation and general administrative orientation are conducted on much smaller scales at this point. Enhancements to this program will be addressed in the recommendations of this report. One of the most important results of this research came with the understanding that our orientation program needs to be more comprehensive and broader in scope. As the research indicated, it is important that the program communicate the values and priorities of the organization. While the current orientation accomplishes this objective on EMS related topics, the orientation for the fire division and our general administrative orientation can benefit from this research finding.

The research also suggested that the orientation program be used as a tool to model good customer service. At Springfield Fire, the quality of customer service is a focal point with our EMS Director. Special effort has been made to ensure that new employees understand the importance of quality customer service. In fact, the standard operating guideline that addresses personal conduct is reviewed and discussed in the first phase of the orientation program.

The research also identified the importance of an orientation program as a means of controlling hiring and turnover costs. Contrasting this statement, it was also identified that the development and implementation of a comprehensive orientation program is time consuming and expensive. Our department has learned that the time and expense of developing a comprehensive orientation

program is an investment that pays dividends over time, while the cost of turnover wasted time and money.

The research conducted on the selection and usage of preceptors was very valuable to the author's review of the current program. In all of the research conducted on the use of preceptors, there was emphasis on how important it is for the preceptors to be chosen based on their experience and their desire to help develop new employees. Currently, every non-probationary employee at the Springfield Fire Department can participate in the orientation of new employees. This method was developed by the EMS Director as a way of involving all the current employees in the development of new hires. The extent to which each employee may conduct orientation is identified on a checklist that is posted, indicating what portions of the EMS orientation can be conducted by each employee. For

example, EMTs cannot conduct orientation sessions on the use of the heart monitor. This phase of the orientation would be reserved for paramedics. As well, the field precepting of new employees are matched to preceptors who possess the appropriate level of training to properly evaluate the new employee's performance.

While involving all employees of the department in the orientation process accomplishes one objective, it also creates a problem because not all orientation instructors and preceptors share the same enthusiasm for developing the abilities of new employees. This was noted in the research by Giannini (1991) when he wrote, a paramedic who is ambivalent about precepting or who is called upon by his employer to take on a student against his will is doing a disservice to the student. Also, within our organization, the EMTs and paramedics possess a wide range of experience and ability, which reflects

on the quality of the EMS orientation sessions conducted with new employees. Fortunately, the comprehensive nature of our EMS orientation program does not afford much variation or creative interpretation from preceptor to preceptor.

Utilizing all of the employees in the preceptor pool has yielded a significant, and somewhat unexpected, benefit to the overall quality of our EMS operations. Because a new employee can approach any employee and ask for assistance with an EMS orientation checklist, our employees are more conscientious of their knowledge of basic operational details, such as the location and usage of equipment on the med units.

Gaining an understanding of the key elements of a successful EMS orientation program was accomplished with the first research question. Armed with that information, the task of taking a

critical view of our orientation program was accomplished with the second research question:

2. How can the existing orientation program for new employees be expanded and improved within the Springfield Fire Department?

The research on orientation program development identified key components of successful programs. Many of these components have now been incorporated into our EMS orientation program. One area of opportunity that remains for the Springfield Fire Department comes with the development of an expanded orientation program that encompasses other operational areas of the department, such as fire operations, rescue operations, inspections, and fire prevention. However, the largest benefit to our overall operation may come with the development of an orientation segment that addresses the department’s administration, including issues

relating to the culture of our organization. As B.D. Dyer explained (1995), fire departments have many unwritten rules and things that are done that make up the tradition and culture of the organization. These rules ensure the smooth running of the station, extend an element of courtesy to each co-worker and translate into a respect for fellow firefighters.

The current EMS orientation program reflects an evolutionary process that is on-going in our department. The research affirmed that the current program contains many of the foundation elements of success with regard to the operations of our EMS program. Expanding this program will enhance the overall organizational success by providing new employees with a thorough and comprehensive review of all aspects of the department, not just EMS.

The final question addresses one aspect of the

orientation process that is being considered as a requirement for our new employees, spousal and family orientation.

3. Should the Springfield Fire Department implement a spouse/family member orientation program?

The literature reviewed, coupled with discussions with department staff identified several benefits that would result from the development of such a program. Family orientation provides a comprehensive objective means of helping the family adjust to the social, cultural, and technical aspects of the firefighter's job (Wilson, 1988).

The department currently uses a very basic form of spousal and family orientation that was developed in 1996 when three part-time employees were promoted to full-time. At that time, it was identified that

the demands of the job and the performance expectations would be considerably different as these employees made the transition from part-time to full-time. In developing an overview of the salary, benefits, work hours, and job requirements for the employees, it was identified that the spouses and family members of these employees would benefit from this information as well.

Meetings were scheduled with the employees and their families, at the employee's homes. The fire chief and assistant fire chief met with each employee and his family and discussed all aspects of the job, the pay, the hours, the demands of the job, the stress associated with being a career fire-medic, and the stress the family will endure as well. Family members were encouraged to ask questions and to discuss their concerns and fears. The feedback from the family members and the employees was very positive.

However, to this point, this program has only been optional for the employee and the family members and has only been offered to full-time employees. Evidence in the research revealed that this program should be made an essential element of the new employee orientation for all employees, both full-time and part-time. Even though the full-time employees are promoted from the part-time ranks and have a familiarity with the operations of the department, their job requirements change significantly as they make the transition from a part-time “job” to a full-time “career”.

Some of our newly hired part-time employees have had no previous fire or EMS experience. Thus, their families are not familiar with the demands of the job and the stress the employee may encounter. This creates a valuable, if not essential, opportunity to include the families of our newly hired part-time employees in this program.

DISCUSSION

The Springfield Fire Department has not been immune from litigation with regard to disciplinary action and termination of employees for substandard job performance. From 1990 to 1996, more than forty employees left the organization. During that time, the Department was sued twice by employees who were discharged for unsatisfactory performance. The department was also subjected to an official inquiry by the Equal Employment Opportunity Commission after a female employee, discharged for unsatisfactory performance, claimed she was wrongfully discharged solely because she was female. While the department prevailed in all three cases, the need to have a comprehensive orientation program that identifies and thoroughly indoctrinates new employees into the organization became evident as the department's counsel prepared its defense for these cases.

There has also been a significant expense associated with administering the steps of progressive disciplinary action and with the numerous public hearings that were required under the Ohio Revised Code when employees were suspended or terminated for performance-related deficiencies. Fire departments who depend on part-time employees often see employees come and go. What made our situation unique was the amount of turnover attributed to performance and disciplinary related matters.

Many of these problems were traced to the employee's lack of understanding of our rules, regulations, policies, procedures, and requirements of their jobs. However, this was only part of the problem. For years, the organization ran with little or no enforcement of the rules and regulations. This led to the development of a culture where the employees performed as they

desired, with little regard to rules or standards of performance. This especially became a problem with the introduction of a new fire chief who raised the benchmark for performance and raised the level of expectation for employee performance. New employees hired did not receive a comprehensive orientation which, in turn, was reflected in their job performance. The challenge was to develop and administer a quality, cost effective, result-oriented orientation program for our new employees.

Springfield Fire Department operates an Advanced Life Support EMS service. Full-time candidates are hired from the part-time ranks. Thus, the EMS orientation program was designed to fit the profile of part-time employees. A part-time candidate may come to the organization with little or no training and experience, or the candidate may be a tenured paramedic with a neighboring career fire department.

This presents some special challenges to the EMS director and to the preceptors because the new employees have vast differences in the knowledge they bring to the job.

We have identified, and this research affirmed, that new employee orientation is essential to the success of our fire department in achieving its overall goals. Through this research, the author also learned that we have an opportunity to use the successful elements of our EMS orientation to create an expanded orientation program that encompasses all of the operational divisions of the fire department, including general administration.

One deficiency identified with regard to our orientation of new employees is the fact that our department does not have an assigned training officer to develop and administrate our training and orientation programs. Our Director of EMS

Operations carries many responsibilities and taking on the added responsibility of administering the orientation program has proven difficult. The lack of a designated training officer has delayed the expansion of our orientation program.

Interestingly enough, much of the research conducted on the components of fire department orientations included discussions and recommendations for involving the families. This component was noticeably absent from the articles that related to orientation of employees into civilian jobs. This affirmed some of the observations made during this research that the fire service offers unique challenges to employees that require a family support network where many civilian jobs do not. Perhaps the closest correlation to a fire service family orientation is the orientation of new recruits into the armed services, where candidates and their families meet with recruiters

to discuss the requirements and danger that may be encountered in military jobs. The risk and stress associated with military jobs draws many similarities to the fire service, so this observation comes with little surprise.

RECOMMENDATIONS

The literature search conducted during this project found several useful articles relating to the EMS orientation and preceptorship. This provided the author with insight toward understanding the elements of a successful orientation program, not only with regard to EMS, but also with regard to the general orientation of employees in the department. Many of the findings in the research were applied to our department's EMS orientation program and the research reinforced some of the fundamental elements of our program.

The author recognizes that our successful

development of a comprehensive orientation program is an on-going process that requires conscious implementation and continual monitoring. Several recommendations can be made regarding the manner by which our organization continues to develop the orientation program.

First, our orientation program needs to be expanded to include the other divisions of the department, as well as the administrative aspects. This will ensure that our new employees receive a well-rounded indoctrination into the organization and equalize the importance of all divisions in the organization, of which EMS is the predominant focus at this point.

Secondly, we need to establish a departmental training officer position. If a suitable candidate could be located from within the department, we could promote internally. If not, we may need to

seek an external candidate. Part of the training officer's job would be to oversee the design and implementation of the expanded orientation program. This training officer would also carry the responsibility of developing an instructional program for preceptors and ensuring that the preceptors provide quality instruction to the new employees.

Thirdly, we need to formalize our spousal and family orientation program and make this program a requirement for all newly hired part-time employees. This would reduce some of the family conflicts that we have witnessed due to the families being uninformed of the challenges and demands that are placed on the part-time employees when they are hired as fire-medics. This program also needs to be mandatory for employees who are promoted from part-time to full-time, as the demands on the employee increase and the expectations of their performance

change.

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Appendix A

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 1.1

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
SOG 1300:24.02 SAFETY PERSPECTIVE			
SOG 1300:24.04 PERSONAL CONDUCT			
SOG 1300:18.05 CENTRAL DISPATCH			
SOG 1300:18.01 ETN'S			
DETAILED SQUAD ORIENTATION			
RED BAG			
PULSE OX			
GLUCOMETER			
IV SUPPLIES			
V-VAC SUCTION UNIT			
RED BAG DRUGS			
INTUBATION BAG			
DAILY LOCK LOG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT			
MAST (ADULT AND PEDS)			
BURN PACK			
MASS CASUALTY KIT			
LIFEPAK MONITORS			
COMPARTMENTS			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
IN-SERVICE: COT ORIENTATION			
OVERVIEW: 800 RADIO OPERATIONS			
OVERVIEW: CELLULAR PHONE USE			
DRIVING LOG			305
CLINICAL REQUIREMENTS			305
EMS RUNS AND PROCEDURE LOG			305

NAME: _____ DRIVING LOG

	DATE	VEHICLE	START TIME	END TIME	TOTAL	PRECEPTOR		RUN NUMBER	TO THE SCENE LEVEL OF RESP	TO THE HOSPITAL LEVEL OF RESP
	5-27-97	3111	900	1200	3	311				
	5-27-97	3111				327		723	2	ACH - 2
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

ORIENTATION

FERNO SQUADMATE EXCEL
AMBULANCE COT
MODEL 93EX

NAME: _____

DATE: _____

	DATE	INITIALS
Read Users Manual		
Watch Video		

HANDS ON TRAINING	DATE	INITIALS	INSTRUCTOR
Unloading			
Rolling Position			
Backrest			
Side rails			
Straps			
IV pole			
O2 holder			
Shortened position			
Levels			
Fold / Unfold empty			
Carrying			
Load Position			
Auxiliary Lock			
Loading			

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 1.2

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
SOG 1300:17.01 VEHICLE MANNING			
SOG 1300:17.04 EMERG & NONEMRG RESP			
SOG 1300:18.10 POLICE / FIRE COMM			
DETAILED SQUAD CHECK USE CHECKLIST			
RED BAG			
PULSE OX			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS			
INTUBATION BAG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT			
BURN PACK			
LIFEPAK MONITORS			
COMPARTMENTS 3112 OR 3122			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
IN-SERVICE: LIFEPAK MONITORS			
IN-SERVICE: GLUCOMETER OPERATIONS			
TRAINING: NEBULIZER SETUP			
IN-SERVICE: 3112 AND 3122			
TRAINING: MABAS			

SPRINGFIELD TOWNSHIP
FIRE DEPARTMENT

EMS RUNS AND PROCEDURE LOG

NAME: _____

	DATE	RUN NUMBER	NATURE OF THE CALL	* YOUR PARTICIPATION IN THE CALL	** IV's A	S	MEDICATIONS GIVEN	**INTUBATIONS A	S
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

* DOCUMENT WHAT YOU DID ON THE CALL. EXAMPLE: PT. ASSESSMENT, WROTE REPORT, CALLED HOSPITAL, DRIVER, (ECT.)

** LETTER "A" IS FOR ATTEMPTS. LETTER "S" IS FOR SUCCESSFULLY COMPLETED

3112 and 3122 SQUAD ORIENTATION NAME: _____

	UNDER THE HOOD	INITIALS	DATE
1	Location of hood release in cab. - How to release hood latch	_____	_____
2	Location of jack (passengers side fender)	_____	_____
3	Power steering fluid (drivers side, towards the front)	_____	_____
4	Engine oil (passenger side, middle of engine)	_____	_____
5	Transmission fluid (passenger side, rear of engine) - Windshield washer fluid (passenger side fender)	_____	_____
6	Engine coolant (passengers side fender)	_____	_____
	CAB OF THE SQUAD		
7	Battery switch (only one switch to turn on both batteries)	_____	_____
8	Fuel tanks - front and rear tank - When one tank gets to 1/4, fill that tank and then switch tanks so that the diesel fuel will not "sit" in one tank for a long period of time.	_____	_____
9	Tilt steering - locate lever to operate it	_____	_____
10	PASS light on dashboard - will be on when a passenger door is open	_____	_____
11	OSS light on dash - will be on when an equipment door is open	_____	_____
12	Load manager light - If green light on, operating with all lights on, and indicates normal operations - If red light is on, indicates that the load manager has shut down some lighting. When the engine is throttled up, the lights should come back on and red light should go out. The green light should then come back on indicating normal operations.	_____	_____
13	Load manager toggle switch (over-ride switch) - It the load manager would fail, the toggle switch will bypass the system and turn all lighting on.	_____	_____
14	Master switch for emergency lighting - Only one switch for all emergency lights - Has two positions Primary- all lights on Secondary - selected lighting on	_____	_____

3112 AND 3122 SQUAD ORIENTATION

NAME: _____

		INITIALS	DATE
23	Patient care lighting - High and low dome switches - Florescent light switch (check-out lights)	_____	_____
24	Invertor switch - This squad does not have an invertor.	_____	_____
25	Captains chair (locate switch to rotate the chair)	_____	_____
26	Auto-eject shore line	_____	_____
27	Review inside compartment checklist	_____	_____

Signature: _____ Date: _____

3112 AND 3122 SQUAD ORIENTATION NAME: _____

	CAB OF THE SQUAD (CONTINUED)	INITIALS	DATE
15	Modular Disc Switch - Controls power to the patient care area	_____	_____
16	Ignition solenoid fuse -	_____	_____
17	Individual lighting switches - For scene lighting - Can control patient area lighting - Horn / Siren switch	_____	_____
18	High Idle control (how to turn on / off)		
19	Wait to start light - Located to the right of the steering wheel - when the light goes out, it is ok to start it	_____	_____
	PATIENT CARE AREA		
20	Switches - Aspirator - for onboard suction unit - Vent - for ventilation fan	_____	_____
21	Electric O2 switch - Turns on O2 from the main tank to the outlets - The main O2 tank can remain in the "on" position at all times. The system is sealed and should not leak off. - When the switch is turned on, it will do a self test. All of the lights will come on and the alarm will sound. After the self test, the indicator lights will show you how much O2 is in the tank. - If the tank is between 300 to 500 PSI, an intermittent alarm will sound. - If the tank is below 300 PSI, a continuos alarm will sound. The silence button can be used to silence the alarm.	_____	_____
22	Thermostat - The number displayed is the current temperature of the patient care area. - To change the temp, push "Temp Set" button and hold it in while pushing the "up" or "down" arrow to adjust the temperature. - The unit will automatically turn on the heat, AC, or fan to regulate the temperature.	_____	_____

GLUCOMETER IN-SERVICE

NAME: _____

CHECKLIST	YES	NO
LEFT SIDE		
4 LANCETS	_____	_____
4 PIPETTS	_____	_____
4 ALCOHOL PREPS	_____	_____
2 BAND-AIDS	_____	_____
1 DAILY TEST STRIP	_____	_____
RIGHT SIDE		
1 BOTTLE OF TEST STRIPS (MIN 10 - MAX 25)	_____	_____
1 GLUCOMETER	_____	_____
TURN ON MACHINE & WATCH FOR CODE #	_____	_____
CHECK MACHINE CODE NUMBER TO BOTTLE CODE NUMBER. THEY MUST BE THE SAME	_____	_____
IF IT IS NECESSARY TO CHANGE THE CODE NUMBER PUSH THE CONTROL BUTTON ON THE MACHINE UNTIL THE PROPER CODE NUMBER IS SELECTED	_____	_____
WITH THE MACHINE ON AND "INSERT STRIP" ON THE DISPLAY SCREEN, DO THE DAILY TEST BY INSERTING SIDE ONE OF THE TEST STRIP. WHEN THE MACHINE READS, "APPLY SAMPLE", TAKE THE TEST STRIP OUT AND FLIP IT OVER TO SIDE TWO AND RE-INSERT it. THE MACHINE WILL COUNT DOWN AND DISPLAY CHECK OK" OR "CHECK NOT OK" IF "CHECK NOT OK" APPEARS ON THE DISPLAY SCREEN, SEE CLEANING INSTRUCTIONS.	_____	_____
IF YOU CLEAN THE MACHINE, RE-TEST IT.	_____	_____

NAME: _____ DATE: _____

Lifepack 10C Monitor Orientation

YES	NO	
_____	_____	Demonstrates how to turn the monitor on.
_____	_____	**Demonstrate how to change batteries at the switch
_____	_____	**Verbalizes proper rotation of batteries
_____	_____	**Demonstrate how to plug in EKG cables
_____	_____	**Verbalizes how to place the 3 leads on the patient
_____	_____	**Show where HR, joules, and lead selection are located
_____	_____	**Demonstrate how to change leads and go to paddles
_____	_____	**Demonstrate how to place quick combo patches on a patient
_____	_____	**Locates both record buttons
_____	_____	Demonstrates how to charge the paddles
_____	_____	Verbalize how to discharge paddles: manual & hands free
_____	_____	**Verbalize how code summery works
_____	_____	**Demonstrate how to change EKG size
_____	_____	Turns on Sync for cardioversion
_____	_____	Verbalizes pacer use for scenario 1
_____	_____	Verbalizes pacer use for scenario 2
_____	_____	I have read the pacing protocol and understand it

** Indicates areas that EMT-Basics need to perform

Scenario 1: You have a conscious patient suffering from a symptomatic bradycardia.
Pacing is indicated. (Rate 80 at 20 ma)

Scenario 2: You have an unconscious patient with a bradycardia or asystole.
Pacing is indicated. (Rate 100 at 200ma)

If no electrical capture is present, what should you do?

If no mechanical capture is present, what should you do?

If the patients HR exceeds the pacer rate once pacing is started, what will the monitor do?

SIGNATURE: _____

INSTRUCTOR: _____

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: DATE:

EMS ORIENTATION PHASE 1.3

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
SOG 1300:17.06 EMERG ENROUTE TIME			
SOG 1300:18.09 RADIO SILENCE			
DETAILED SQUAD CHECK USE CHECKLIST			
RED BAG			
PULSE OX			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS			
INTUBATION BAG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT			
BURN PACK			
LIFEPAK MONITORS			
COMPARTMENTS 3116 OR 3121			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
IN-SERVICE: 3116 and 3121			
IN-SERVICE: RUN REPORT DOCUMENTATION			305
TRAINING: CARBON MONOXIDE FORMS			
TRAINING: ABBREVIATION REF LIST			
TRAINING: SPELLING CHECKLIST			

3116 AND 3121 Orientation

NAME: _____

DATE: _____

	INITIALS	DATE
UNDER THE HOOD		
1 Location of hood release in cab	_____	_____
2 Power steering fluid - drivers side	_____	_____
3 Engine oil - to right side of alternator	_____	_____
4 Transmission fluid - passenger side yellow handle	_____	_____
5 Windshield washer fluid - passenger side	_____	_____
6 Engine coolant - drivers side fender	_____	_____
CAB OF THE SQUAD		
7 Battery switch - drivers side seat left side	_____	_____
8 Tilt steering - on turn signal switch	_____	_____
9 Door light on dash - on when door is open	_____	_____
10 Master switch	_____	_____
11 Individual lighting switches	_____	_____
12 Idle control - how to operate	_____	_____
13 Wait to start light - left side of dash	_____	_____
PATIENT CARE AREA		
14 Switches at attendant seat- suction, vent, lights, check out lights	_____	_____
15 On-board O2 operations	_____	_____
16 Thermostat - how it works	_____	_____
17 Jack location - under bench seat	_____	_____
OUTSIDE OF SQUAD		
18 Shore line - must be manually removed	_____	_____
19 Fuel tank - left side rear	_____	_____

INSTRUCTOR: _____

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 1.4

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
SOG 1300:17.02 VEHICLE RESPONSE			
TRAINING: LIGHT BLOCK FUNCTION			
STOCK LOCATION RUN REPORTS (ect.....)			
DETAILED SQUAD CHECK USE CHECKLIST			
RED BAG			
PULSE OX			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS			
INTUBATION BAG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT			
BURN PACK			
MASS CASUALTY KIT			
LIFEPAK MONITORS			
COMPARTMENTS 3112 OR 3122			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
IN-SERVICE:			
IN-SERVICE: TRACTION SPLINTING			
IN-SERVICE:			
TRAINING: NITRO SPRAY			

NAME: DATE:

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT EMS TRAINING TOPIC

TRACTION SPLINTING

	YES	NO
TAKES OR VERBALIZES INFECTION CONTROL PROCEDURES		
DIRECTS MANUAL STABILIZATION OF INJURED LEG		
ASSESSES MOTOR, SENSATION, AND DISTAL CIRCULATION		
DIRECTS APPLICATION OF MANUAL TRACTION		
PREPARES / ADJUSTS SPLINT TO PROPER LENGTH		
POSITIONS SPLINT AT INJURED LEG		
APPLIES PROXIMAL SECURING SECURING DEVICE (ISCHIAL STRAP)		
APPLIES DISTAL SECURING DEVICE (ANKLE STRAP)		
APPLIES MECHANICAL TRACTION		
POSITIONS / SECURES SUPPORT STRAPS		
RE-EVALUATES PROXIMAL / DISTAL SECURING DEVICE		
REASSESSMENT OF MOTOR, SENSATION, AND DISTAL CIRCULATION		
VERBALIZES SECURING PATIENT TO A BACKBOARD		
VERBALIZES SECURING SPLINT TO BACKBOARD		

CRITICAL CRITERIA:
NO LOSS OF TRACTION AT ANY POINT AFTER IT IS ASSUMED
REASSESSMENT OF MSP'S AFTER SPLINT IS APPLIED
THE FOOT IS NOT EXCESSIVELY ROTATED AFTER SPLINTING
DID NOT SECURE ISCHIAL BEFORE TAKING TRACTION

SPECIAL NOTE:
MAY FIRST APPLY THE ANKLE HITCH AND USE IT TO APPLY MANUAL TRACTION

COMMENTS:

EXAMINER: DATE:

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 2.1

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
CASCADE SYSTEM OPERATIONS			
MEDICAL SUPPLY ROOM TOUR			
REVIEW			
SQUAD CHECK			
RED BAG - DO CHECKLIST			
PULSE OX - DO CHECKLIST			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS - DO CHECKLIST			
INTUBATION BAG - DO CHECKLIST			
TRAUMA BOX - DO CHECKLIST			
DRUG BOX - DO CHECKLIST			
PALS PAK - DO CHECKLIST			
PEDS SMALL BLUE BAG - DO CHECKLIST			
SUCTION UNIT			
BURN PACK			
LIFEPAK MONITORS			
COMPARTMENTS 3116 - DO CHECKLIST			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
TRAINING: THERMOSCAN			
IN-SERVICE: HEPA MASK / TB			
TRAINING: MAST			
TRAINING: REHAB			
TRAINING:			

NAME: DATE:

SPRINGFIELD TOWNSHIP EMS TRAINING TOPIC

MAST TROUSERS

	YES	NO
VERBALIZES INFECTION CONTROL PRECAUTIONS		
GIVES SOME INDICATIONS FOR USE OF MAST TROUSERS		
GIVES SOME CONTRAINDICATIONS FOR USE OF MAST TROUSERS		
VERBALIZES REMOVAL OF CLOTHING OR CHECKS FOR SHARP OBJECTS		
QUICKLY ASSESS AREAS THAT WILL BE UNDER THE MAST		
POSITIONS MAST WITH TOP OF ABD. SECTION AT OR BELOW LAST SET OF RIBS		
SECURES MAST AROUND PATIENT		
ATTACHES HOSES		
BEGINS INFLATION SEQUENCE (LEFT LEG, RIGHT LEG, ABD SECTION		
CHECKS BP AFTER INFLATION OF EACH SECTION		
VERBALIZES WHEN TO STOP INFLATION		
REASSESSMENT OF VITAL SIGNS		

CRITICAL CRITERIA:
VERBALIZES INFECTION CONTROL PRECAUTIONS
INFLATES ABDOMINAL SECTION LAST
POSITIONS MAST WITH TOP OF ABD. SECTION AT OR BELOW LAST SET OF RIBS
MUST REASSESS VITAL SIGNS AFTER INFLATION OF EACH SECTION

COMMENTS:

EXAMINER: DATE:

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 2.2

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
PT. RESTRAINTS - CREW / PT. PROTECTION			
PATIENT REFUSAL SHEETS			
REVIEW			
SQUAD CHECK			
RED BAG			
PULSE OX			
GLUCOMETER - DO CHECKLIST			
IV SUPPLIES - DO CHECKLIST			
RED BAG DRUGS			
INTUBATION BAG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT - DO CHECKLIST			
BURN PACK - DO CHECKLIST			
LIFEPAK MONITORS - DO CHECKLIST			
COMPARTMENTS 3112 - DO CHECKLIST			
BENCH SEAT BLUE BAG - DO CHECKLIST			
CLIPBOARD CONTENTS - DO CHECKLIST			
CAB OF THE SQUAD - DO CHECKLIST			
IN-SERVICE: IV THERAPY			305
IN-SERVICE: CHEST DECOMPRESSION			305
IN-SERVICE: CRICOTHYROTOMY			305
IN-SERVICE: MONTHLY DRUG BOX CHECKS			
TRAINING: EVAC OF PERSONNEL			
TRAINING: STARK COUNTY HOSP.			

DRUG BOX CHECK SHEET

Drug box number: _____

Date:_____ Time:_____ Shift: _____ Completed by: _____

TOP COMPARTMENT

1 - Sharps container (replace as needed)

1 - 500cc NS _____

1 - 60 Drop Administration Set

2 - 20cc syringes

Epinephrine 1:10,000 - 2mg _____/_____

Atropine - 4mg _____/_____/_____/_____

Sodium Bicarb - 100meq _____/_____

D50 - 75grams _____/_____/_____

2 - Medication Labels

DRAWER 1

3 - 1cc or Sub Q syringes

3 - 3cc syringes

3 - 10cc syringes

Assorted needles

1 - Tubex

10 - Alcohol preps

RED BAG DRUG CHECK SHEET

Container number: _____

Date:_____ Time:_____ Shift: _____ Completed by: _____

Adenocard - 6mg _____

Atropine - 2mg _____/_____

Epinephrine 1:10,000 - 4mg _____/_____/_____/_____

Lidocaine - 200mg _____/_____

D50 - 25 grams _____

Lasix - 100mg _____

Benadryl - 50mg _____

Narcan - 2mg _____

Epinephrine 1:1000 - 1mg _____

Bottle of ASA _____

Bottle of Nitro _____

1 - 1cc or Sub Q syringe

1 - 3cc syringe

1 - 10cc syringe

1 - 20cc syringe

Make sure all syringes have a needle with it.

REVISED 4/97

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 2.3

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
WALK-IN PATIENTS AT THE STATION			
BLOOD BORN PATHOGEN STANDARD			
REVIEW			
SQUAD CHECK			
RED BAG - DO CHECKLIST			
PULSE OX - DO CHECKLIST			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS - DO CHECKLIST			
INTUBATION BAG - DO CHECKLIST			
TRAUMA BOX - DO CHECKLIST			
DRUG BOX - DO CHECKLIST			
PALS PAK - DO CHECKLIST			
PEDS SMALL BLUE BAG - DO CHECKLIST			
SUCTION UNIT			
BURN PACK			
LIFEPAK MONITORS			
COMPARTMENTS 3116 - DO CHECKLIST			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
TRAINING: WATER EMERGENCIES			
TRAINING: EMS BILLING			
TRAINING: SPORTS INJURIES			
TRAINING:			
TRAINING:			

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 2.4

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
ORIENTATION 3136			
ORIENTATION 3146			
REVIEW			
SQUAD CHECK			
RED BAG			
PULSE OX			
GLUCOMETER - DO CHECKLIST			
IV SUPPLIES - DO CHECKLIST			
RED BAG DRUGS			
INTUBATION BAG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT - DO CHECKLIST			
BURN PACK - DO CHECKLIST			
LIFEPAK MONITORS - DO CHECKLIST			
COMPARTMENTS 3122 - DO CHECKLIST			
BENCH SEAT BLUE BAG - DO CHECKLIST			
CLIPBOARD CONTENTS - DO CHECKLIST			
CAB OF THE SQUAD - DO CHECKLIST			
TRAINING: COLD WEATHER EMERG			
TRAINING: KED BOARD IMMOB.			
TRAINING: BACKBOARD IMMOB.			
TRAINING:			

NAME DATE:

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT EMS TRAINING TOPIC

SPINAL IMMOBLIZATION

	POINTS	AWARDED
TAKES OR VERBALIZES INFECTION CONTROL PROCEDURES	1	
DIRECTS ASSISTANT TO MOVE PATIENT'S HEAD TO THE NEUTRAL IN-LINE POSITION	1	
DIRECTS ASSISTANT TO MAINTAIN MANUAL IMMOBILIZATION OF HEAD	1	
EVALUATES MOTOR, SENSORY, AND DISTAL CIRCULATION IN EXTREMITIES	1	
APPLIES CERVICAL COLLAR	1	
POSITIONS BACKBOARD APPROPRIATELY	1	
MOVES VICTIM ONTO BOARD WITHOUT COMPROMISING THE INTEGRETY OF THE SPINE	1	
APPLIES PADDING TO VOIDS BETWEEN THE TORSO AND THE BOARD AS NECESSARY	1	
IMMOBILIZES TORSO TO THE BOARD	1	
IMMOBILIZES PATIENT'S HEAD TO THE BOARD	1	
REASSESSES MOTOR, SENSORY, AND DISTAL CIRCULATION	1	
TOTAL	11	

COMMENTS

EXAMINER:

DATE:

NAME DATE:

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT EMS TRAINING TOPIC

KED BOARD APPLICATION

	POINTS	AWARDED
TAKES OR VERBALIZES INFECTION CONTROL PROCEDURES	1	
DIRECTS ASSISTANT TO MOVE PATIENT'S HEAD TO THE NEUTRAL IN-LINE POSITION	1	
DIRECTS ASSISTANT TO MAINTAIN MANUAL IMMOBILIZATION OF HEAD	1	
EVALUATES MOTOR, SENSORY, AND DISTAL CIRCULATION IN EXTREMITIES	1	
APPLIES CERVICAL COLLAR	1	
POSITIONS KED BOARD BEHIND THE PATIENT	1	
SECURES KED TO PATIENT'S TORSO	1	
EVALUATES TORSO FIXATION AND ADJUST AS NECESSARY	1	
EVALUATES AND PADS BEHIND THE PATIENT'S HEAD AS NECESSARY	1	
IMMOBILIZES PATIENT'S HEAD TO THE BOARD	1	
REASSESSES MOTOR, SENSORY, AND DISTAL CIRCULATION	1	
VERBALIZES MOVING THE PATIENT TO A LONG BOARD	1	
TOTAL	12	

COMMENTS

EXAMINER:

DATE:

3146 ORIENTATION

NAME: _____

	INITIALS	DATE
UNDER THE HOOD		
Location of hood release in cab	_____	_____
Power steering fluid		
Engine oil		
Transmission fluid		
Windshield washer fluid		
Engine coolant		
Brake fluid		
INTERIOR		
800 radio location	_____	_____
Emergency lights		
Siren		
Map Book		
Gain access with spare key		
TRUNK		
Review of EMS supplies		
SCBA and Mask	_____	_____
Spare Radio and Charger		
Evidence Cans		

3136 ORIENTATION

	INITIALS	DATE
UNDER THE HOOD		
Location of hood release in cab	_____	_____
Power steering fluid		
Engine oil		
Transmission fluid		
Windshield washer fluid		
Engine coolant		
Brake fluid		
INTERIOR		
800 radio location	_____	_____
Emergency lights		
Siren		
Map Book		
Gain access with spare key		
Review of EMS supplies		

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 3.1

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
EMS SUPPLIES 3113 & 3119 -DO CHECKLIST			
TOWNSHIP ACCIDENT REPORT			
REVIEW			
SQUAD CHECK			
RED BAG - DO CHECKLIST			
PULSE OX - DO CHECKLIST			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS - DO CHECKLIST			
INTUBATION BAG - DO CHECKLIST			
TRAUMA BOX - DO CHECKLIST			
DRUG BOX - DO CHECKLIST			
PALS PAK - DO CHECKLIST			
PEDS SMALL BLUE BAG - DO CHECKLIST			
SUCTION UNIT			
BURN PACK			
LIFEPAK MONITORS			
COMPARTMENTS 3121 - DO CHECKLIST			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
TRAINING: HAZMAT CALLS			
TRAINING:			
TRAINING: ALLERGIC REACTIONS			
TRAINING: CONFINED SPACE RESCUE			
STEP 1 EMS REFRESHER & PROTOCOL EXERCISE			305

RED BAG CHECKLIST FOR 3113 / 3119

NAME: _____

DATE: _____

	LEFT SIDE POCKET	3113	3119
1	INFECTION CONTROL KIT		
4	CONVENIENCE BAGS		
1	LARGE ICE PACK		

MIDDLE

1	BVM		
1	PORTABLE O2		
1	NASAL CANNULA		
1	NON-REBREATHER		
1	V-VAC SUCTION UNIT		
2	V-VAC SUCTION CATHETERS		
1	SET ORAL AIRWAYS		
1	STETHOSCOPE		
1	BP CUFF		

FRONT

5	ROLLS GAUZE		
1	TRAUMA DRESSING		
2	CRAVATS		
1	RING CUTTER		
1	TRAUMA SCISSORS		
10	4 X 3 DRESSINGS		
6	5 X 9 DRESSINGS		
2	ROLLS 1" TAPE		
1	ROLL BIOHAZARD BAGS		
1	CERVICAL COLLAR		

REAR

2	STERILE BURN SHEETS		
1	TRAUMA / BURN TOWEL		
2	1000CC NS		
3	ROLLS STERILE KURLEX		
2	ROLLS 3" KLING		
2	STERILE FACE MASK		
4	4 X 3 DRESSINGS		
4	PAIR LARGE GLOVES		

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 3.2

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
REVIEW			
SQUAD CHECK			
RED BAG			
PULSE OX			
GLUCOMETER - DO CHECKLIST			
IV SUPPLIES - DO CHECKLIST			
RED BAG DRUGS			
INTUBATION BAG			
TRAUMA BOX			
DRUG BOX			
PALS PAK			
PEDS SMALL BLUE BAG			
SUCTION UNIT - DO CHECKLIST			
BURN PACK - DO CHECKLIST			
LIFEPAK MONITORS - DO CHECKLIST			
COMPARTMENTS 3121 - DO CHECKLIST			
BENCH SEAT BLUE BAG - DO CHECKLIST			
CLIPBOARD CONTENTS - DO CHECKLIST			
CAB OF THE SQUAD - DO CHECKLIST			
IN-SERVICE:			
IN-SERVICE:			
TRAINING:			
TRAINING:			
STEP 2			
EMS REFRESHER & PROTOCOL EXERCISE			305

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 3.3

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
REVIEW			
SQUAD CHECK			
RED BAG - DO CHECKLIST			
PULSE OX - DO CHECKLIST			
GLUCOMETER			
IV SUPPLIES			
RED BAG DRUGS - DO CHECKLIST			
INTUBATION BAG - DO CHECKLIST			
TRAUMA BOX - DO CHECKLIST			
DRUG BOX - DO CHECKLIST			
PALS PAK - DO CHECKLIST			
PEDS SMALL BLUE BAG - DO CHECKLIST			
SUCTION UNIT			
BURN PACK			
LIFEPAK MONITORS			
COMPARTMENTS 3112 - DO CHECKLIST			
BENCH SEAT BLUE BAG			
CLIPBOARD CONTENTS			
CAB OF THE SQUAD			
IN-SERVICE:			
IN-SERVICE:			
TRAINING:			
TRAINING:			
STEP 3			
EMS REFRESHER & PROTOCOL EXERCISE			305

SPRINGFIELD TOWNSHIP FIRE DEPT. EMPLOYEE ORIENTATION

NAME: _____ DATE: _____

EMS ORIENTATION PHASE 4.1

TOPIC	DATE STARTED	DATE COMPLETED	INSTRUCTOR'S INITIALS
DRUG REFRESHER (PARAMEDICS ONLY)			305
ORAL EKG QUIZ (PARAMEDICS ONLY) 1. 2. 3.			305
ORAL EKG QUIZ (PARAMEDICS ONLY) 4. 5. 6.			305
ORAL EKG QUIZ (PARAMEDICS ONLY) 7. 8. 9.			305
MISCELLANEOUS TRAINING: TOPIC:			
SHIFT TRAINING:			
SHIFT TRAINING:			

CLINICAL TIME	DATE SCHEDULED	TIME SCHEDULED	COMPLETED YES NO
IV THERAPY AT ACH			
IV THERAPY # 2 AT ACH (IF NEEDED)			
CLINICAL TIME WITH DR. MAKCAN EMT-B, 4 HOURS EMT-P, 8 HOURS			

EMS RUNS AND PROCEDURE LOG	DATE STARTED	DATE COMPLETED	TOTAL NUMBER OF RUNS
	NUMBER PT'S ASSESSED	# REPORTS WRITTEN	# TIMES CALLED THE HOSPITAL
	IV'S	INTUBATIONS	TOTAL MEDS ADM
	A S	A S	
APPROVAL BY MEDICAL DIRECTOR TO FUNCTION	DATE		
COMPLETED EMS ORIENTATION	DATE		

MCCOY MILLER ORIENTATION

NAME: _____

DATE: _____

		INITIALS	DATE
	UNDER THE HOOD		
1	Location of hood release in cab	_____	_____
2	Power steering fluid - drivers side below A/C	_____	_____
3	Engine oil - middle of engine behind radiator hose - yellow handle	_____	_____
4	Transmission fluid - passenger side front white handle	_____	_____
5	Windshield washer fluid - drivers side by battery	_____	_____
6	Engine coolant - drivers side fender	_____	_____
	CAB OF THE SQUAD		
7	Battery switch - drivers seat left side	_____	_____
8	Tilt steering - part of turn signal switch	_____	_____
9	OSS light - on dash, will be on when a door is open	_____	_____
10	Master switch for emergency lights - power all emergency lights	_____	_____
11	Master Switch - controls power to patient area	_____	_____
12	Individual Lighting switches -	_____	_____
13	Wait to start light - to left of headlight switch	_____	_____
	PATIENT CARE AREA		
14	Switches at attendant seat, vacuum, vent lighting,	_____	_____
15	On-board O2 operations	_____	_____
16	Thermostat - how it works	_____	_____
	OUTSIDE OF SQUAD		
17	Shore line - must be manually unplugged	_____	_____
18	Fuel tank - behind left rear tire	_____	_____

INSTRUCTOR: _____